

CLAIMS ONLY

BEST AVAILABLE COPY

Application Number

10/717 878

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1								51			
2		1							52			
3									53			
4		1							54			
5									55			
6									56			
7	1	1							57			
8									58			
9									59			
10		1							60			
11		1							61			
12									62			
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45									95			
46									96			
47									97			
48									98			
49									99			
50									100			
Total Indep	2								Total Indep			
Total Depend	5								Total Depend			
Total Claims	7								Total Claims			